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AUTHOR Lane, Theodore W.
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ABSTRACT

This report focuses on future directions in behavioral school-based interventions with delinquents. It begins by reviewing the theoretical relevance of school-focused interventions in delinquency prevention/intervention efforts and the behavioral school-based delinquency prevention/intervention programs reported in the literature to date. It looks at the associations between dropouts, school failure, and delinquency; delinquency and commitment to educational goals; and delinquency and school climate, organization, and intake practices. The review of programs discusses four series of studies assessing the impact of school-based behavioral programs on rates of delinquent behavior among high-risk individuals and examines studies designed to modify school processes, climate, or organization. Suggestions for future programs recommend that programs for high-risk students attempt to positively affect academic longevity and school success, involve more than one year of implementation, focus more on the middle school-high school transition, and identify sources of adequate, on-going funding. Programs to modify school processes are advised to take place over a multi-year time period, provide intensive staff training, give attention to generalization and maintenance issues, and identify and evaluate specific school processes regarding their appropriateness as modification targets. A service delivery model incorporating educational programming into a larger integrated service system for severely behaviorally and emotionally disturbed children and adolescents is described. Three pages of references are included; relevant charts and tables are appended. (NB)

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School-Based Intervention Programs: A Social System Perspective

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Theodore W. Lane

Cumberland County Mental Health Center

Fayetteville, North Carolina

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

The focus of this paper is on future directions in behavioral school-based interventions with delinquents. For perspective, this paper will review, first, the theoretical relevance of school focused interventions in delinquency prevention/intervention efforts, and second, the behavioral school-based delinquency prevention/intervention programs that have been reported in the literature to-date. Finally, this paper submits directions for future development of behavioral school-based prevention/intervention programs.

Why Focus on Schools for Delinquency Prevention/Intervention?

Prevention of Delinquent Behavior

Association between dropout/school failure and delinquency. The relationship between school failure and delinquent and criminal behavior is a recurrent theme in the delinquency literature. Eventual dropouts have been found to have considerably higher rates of delinquency during high school than do graduates (e.g., Elliott & Voss, 1974). Both the short- and long-term effects of dropout on subsequent criminal behavior were examined by Thornberry, Moore, and Christenson (1985). Their results indicate that delinquent behavior increased during the year following school departure, and dropout status was also positively related to criminal behavior during young adulthood. These results are troublesome in that about 30% of students drop out of school (Ahlstrom & Havighurst, 1971) and do so around age 16, the prevailing upper age limit for compulsory attendance (National Center for Education Statistics, 1983). These data suggest that preventing school failure and dropout are relevant targets in preventing and/or reducing rates of delinquent behavior.

Association between delinquency and commitment to educational goals. It appears that a low degree of commitment to education is also related to

delinquency (Hawkins & Lam, 1987). For example, Hirschi (1969) found an inverse relationship between an achievement orientation and delinquency, and a negative relationship between educational aspirations and self-reported delinquency. Other related factors associated with delinquency are how much students like school (Kelly & Balch, 1971), time spent on homework, and perception of the relevance of coursework (Elliot & Voss, 1974). Interventions that impact positively on students' commitment to education may thus reduce rates of delinquent behavior.

Association between delinquency and school climate, organization, and intake practices. Rutter and Giller (1983) reviewed numerous studies documenting very large differences in delinquency rates between high schools serving much the same areas, suggesting that school factors may have played a part in influencing students' behavior in ways which affect overall rates of conduct disturbance.

A large study by Rutter and colleagues (Rutter, Maughan, Mortimore, Ouston, with Smith, 1979), for example, found that school processes associated with students' behavior in the school included styles and skill of classroom management, the models of behavior provided by teachers, the extent of rewards and encouragement, the giving of responsibility to students, and the general quality of student conditions. In contrast to processes associated with students' behavior in the classroom, delinquent behavior outside the school was associated with the academic balance in the school intake process. In other words, a child attending a school with a high proportion of intellectually less able children was more likely to become delinquent than a child of similar initial characteristics from a similar background who attended a school with a more even academic balance in the intake. Given the finding that academic balance did not have any substantial impact on teacher

behavior, the authors suggested that this mechanism involved peer group influences of some kind. In terms of school influences on delinquency, Rutter and Giller (1983) conclude that "both the balance of intake to the school in terms of intellectual ability and social status, and factors concerned with the ethos or social organization of the school, have an impact" (p. 202).

Similarly, Hawkins and Lam (1987) reviewed evidence suggesting that school organization affects both academic achievement and student behavior. They present the conclusions of the Safe School Study (National Institute of Education, 1978) regarding school conditions that, when present, are conducive to learning and to low rates of violence. These included the following:

1. Students perceive their courses to be relevant;
2. Students perceive that they have some control over what happens to them at school;
3. Students perceive school discipline policies as firm, fair, clear, and consistently enforced;
4. Students see that there is a rational reward structure in the school that recognizes students for their achievements;
5. There is a strong and effective school governance, with a consistent structure of order and strong principal leadership; and
6. Ways are found to decrease the impersonality of the school and increase the amount of continuing contact between students and teachers. (Hawkins & Lam, 1986. p. 249)

These findings suggest potential intervention targets within the school setting which may have an impact in terms of delinquency prevention.

Delinquency Intervention/Treatment

The deinstitutionalization movement has provided increased impetus for schools to take greater responsibility in providing school-based programs for

delinquent youth with severe behavioral or emotional disorders. A trend in the applied behavior analysis of delinquency is away from controlling or eliminating unwanted, antisocial behaviors and toward teaching prosocial behaviors. Expanding youths' behavioral repertoires to include adaptive skills could potentially increase their chances of surviving successfully in the community, while at the same time providing youths with behaviors that may be incompatible with delinquency (Baer, 1975). These adaptive behaviors may include academic skills, social skills, vocational/job skills, and recreational skills. The school setting seems very important in pursuing these goals and, undoubtedly, many such community-based school intervention programs have been developed and implemented with adjudicated youth. Unfortunately, little or no treatment outcome studies with respect to these programs have been reported in the literature to-date that this author is aware of.

Enhance Success of Other Community-Based Services

A final rationale for focusing on schools in terms of delinquency intervention relates again to the deinstitutionalization movement. It seems clear that the success of community-based services that are not school-based depends, in part, on the ability of the identified youth to attend school in the community. It is not uncommon for youth to be denied services in the community if they are unable to attend school. This is particularly the case for group home, foster home, and therapeutic foster home services. Although it is true that other community-based services may enhance the ability of a youth to attend school, a more direct and possibly more effective approach would be to modify the school setting itself and to provide appropriate intervention within the school setting. This issue will be discussed further in a later section of this paper in the context of a service system

perspective of service delivery.

What's Been Done?

Behavioral Programming Focusing on High Risk Individuals

Four series of studies have been performed that attempt to assess the impact of school-based behavioral programs on rates of delinquent behavior among high risk individuals (Bry, 1982; Filipczak, Friedman, & Reese, 1979; Safer, Heaton, & Parker, 1982; Stuart, Jayaratne, & Tripodi, 1976; Trice, Parker, & Safer, 1982). Generally, these school-based behavioral programs have shared the following characteristics:

1. Services are provided primarily at the junior high-school level.
2. Student participants are selected for the programs because of serious school discipline problems.
3. The majority of student participants have not been adjudicated delinquent prior to program participation.
4. Behavioral intervention procedures are utilized to enhance school attendance and academic achievement and decrease negative in-school behavior.
5. At least part of the participant's school day is spent in the mainstream (i.e., regular classrooms).
6. A behavioral family-intervention component is included in the program.

As recently reviewed by this author (Lane & Murakami, 1987), these studies taken as a whole suggest the following:

1. Positive short-term changes in academic performance are realized when students participate in these programs for more than 1-year.
2. Evidence is unclear regarding the impact of these programs on negative in-school behavior.

3. No evidence exists that these changes are maintained for more than 1-year posttreatment.
4. Enhanced student entry into high school is achieved.
5. Performance in high school is poor without special programming in that setting.
6. Program participants do not graduate from high school in greater numbers than nonparticipants without special programming in that setting.
7. Little indication exists that these programs reduce the likelihood of subsequent delinquent behavior.

Behavioral Programming Focusing on School Processes, Climate, or Organization

In contrast to efforts attempting to modify the behavior of individual students, a more recent development in the behavioral literature are studies designed to modify the broader school processes, climate, or organization. Mayer and colleagues (Mayer, Butterworth, Nafpaktitis, & Sulzer-Azaroff, 1983), for example, implemented a training and consultation package designed to increase the reinforcing ambience of the school and assessed its impact on vandalism and student disruption. Over a 3-year period, teams of school personnel from 18 elementary and junior high-schools attended training workshops in behavioral strategies for reducing vandalism and student disruption in school. Training workshops also focused on behavioral consulting strategies for school psychologists and counselors. In addition to these workshops, the project staff provided ongoing, regularly scheduled on site consultation for teachers. Results indicated that rates of praise delivered by trained and untrained teachers in project schools increased significantly, rates of off-task behavior by students decreased significantly, and vandalism was reduced by an average of 78.5%. Although the effect of this

intervention on delinquent behavior outside of the school setting is unknown, the significant reduction in school vandalism is noteworthy.

Another example of a program designed to modify school processes is presented by Hawkins and Lam (1987). These authors implemented an intervention program consistent with their social development model of delinquency prevention. According to this theoretical model, three general conditions (i.e., opportunities for involvement, skills, and reinforcements) are necessary in the formation of social bonds in each context of socialization, including family, school, and peers. Based on this model, bonding to school is conditioned by the extent to which social bonds to the family have developed as well as by the extent to which the child experiences opportunities for involvement, develops skills, and is rewarded for skillful performance at school. The model further suggests that the formation of social bonds to family and school will decrease the probability that youths will develop attachments to delinquent peers in adolescence, since the behaviors rewarded in family and school are incompatible with those likely to be rewarded by delinquent youth. According to this theoretical model, therefore, interventions that increase students' social bonding to school should also reduce the probability that those students will engage in delinquent behavior.

In this preliminary report, Hawkins and Lam (1987) discuss the methods of instruction included in their school-focused intervention, which is one component of a larger ongoing investigation. Three classroom-based instructional practices were implemented, including proactive classroom management, interactive teaching, and cooperative learning. Behavioral procedures involved in these strategies included the following: giving clear instructions, rewarding attempts to cooperate, establishing classroom

routines, frequent and contingent use of specific praise, use of objectives, modeling, checking for understanding, and assessment. Five middle schools in Seattle participated in the investigation, including 15 experimental teachers teaching 54 seventh-grade classes, 18 control teachers teaching 59 seventh-grade classes, and a total sample of 513 experimental and 653 control students. Experimental teacher training consisted of 5 days of initial training and three booster training sessions throughout the year. Additionally, one teacher in each experimental school was given a class period per day to perform the role of a consultant for the other experimental teachers. Questions addressed in this investigation included: (1) the extent to which instructional practices on the part of experimental teachers were changed, (2) the extent to which these changes were related to student classroom behaviors, (3) the extent to which these instructional practices were related to academic achievement, (4) the extent to which teaching practices produced greater student bonding to school, and (5) the extent to which teaching practices produced changes in school related delinquent and antisocial behavior after 1-year of intervention.

Results reported by Hawkins and Lam (1987) include the following:

1. Experimental teachers overall did engage in the identified teaching practices to a greater extent than control teachers. These differences, however, were more a function of control teachers' negative practices than experimental teachers' positive practices.
2. In terms of student perceived differences in their classrooms as a function of teaching practices, experimental students reported a greater use of student team learning groups in their classrooms. However, this difference was not accompanied by other expected associated outcomes (i.e., perceptions of classroom involvement,

norms for achievement, or greater opportunities for positive peer interaction). Thus, the predicted differences between students' perceptions of the opportunities and rewards available in their classes were not demonstrated.

3. A modest positive relationship was demonstrated between the implementation of project teaching practices and on-task behavior and, to a lesser extent, to time spent on homework.
4. Positive relationships were demonstrated between the implementation of project teaching practices and math achievement scores and math grades. No similar relationships were demonstrated for language arts.
5. Although the use of project practices was positively related to students' educational aspirations and expectations, and attitude toward their math classes, use of these practices was not associated with desired changes in students' overall attachment to school and teachers.
6. No relationships were found between the use of the teaching practices and student self-reports of truancy, theft from desks or lockers, or the frequency of getting in trouble for drugs or alcohol. Use of these practices was, however, associated with lower rates of official disciplinary action and fewer days of student suspension from school.

Thus, some of the desired changes were demonstrated, while others were not. These results should be interpreted with caution, however, as these data reflect only the effects of the first year of project implementation, which continues. The authors point out that a longer time period than one year may be needed for significant changes in institutional practices or student

attitudes and behaviors to be demonstrated. I would also question whether the teacher training program was sufficient in intensity to realistically expect significant changes in teacher instructional practices. In this regard, the obtained difference in teaching practices between experimental and control teachers was a function of control teachers' violations of the project's criteria for instruction, and not a function of experimental teachers' appropriate implementation of these teaching practices. Nevertheless, this investigation is a promising example of a behaviorally oriented program designed to modify broader school practices with the goal of reducing delinquent behavior on the part of students.

Where do we go from here?

School-Based Prevention of Delinquent Behavior

There are some relatively promising directions to follow based on the work that has been done to-date. In terms of high risk individuals, it appears that the primary goal should be to positively affect academic longevity/school success. To be effective, behavioral programming designed to achieve such a goal will need to involve more than 1-year of implementation. Also, more attention needs to be focused on the transition from middle school to high school. Although behavioral programming in the middle school enhances a student's probability of entering high school, behavioral and academic performance is poor in that setting without additional programming. Similarly, these students tend to drop out of high school at the same rate as similar students who did not receive behavioral programming in middle school. A reduction in delinquent behavior has not been demonstrated as a function of these programs, however, these negative findings have been based on the behavior of youth participants that did not perform well in high school. With supportive programming in the high school setting intended to maintain

performance gains achieved in middle school and to enhance school longevity, a reduction in delinquent behavior may be realized. Finally, an important issue that needs to be addressed is the identification of adequate, ongoing funding for these programs. Most of the evaluated programs implemented to-date have been time-limited, and have stopped operating following the grant period.

With regard to behavioral programming designed to modify school processes, few, but nevertheless encouraging findings have been reported. This appears to be a very promising direction for applied behavior analysts to continue to address. Similar to the programs discussed above, it appears that the intervention should take place over a multi-year time period. Also, the training of personnel for these programs will need to be quite intensive, and appropriate attention to generalization and maintenance issues needs to be addressed for the changes demonstrated to be maintained following project staff participation. Finally, specific school processes/practices need to be further identified and evaluated regarding their appropriateness as targets for modification.

School-Based Intervention/Treatment of Delinquent Behavior

Little attention has been directed at community-based school intervention/treatment programs for adjudicated delinquents with severe behavioral or emotional disorders. The final section of this paper discusses a service delivery model being developed and implemented in North Carolina in which educational programming is incorporated into a larger integrated service system for severely behaviorally and emotionally disturbed children and adolescents. Wolf, Braukmann, and Ramp (1987) recently reviewed their work over the past 20-years with the Teaching-Family approach. Within this context, the authors suggest the following:

As we will discuss at some length, the diversity, seriousness, and

> durability of the problems of some adolescent offenders as well as the deficiencies in their natural family, school, peer group, and vocational environments suggest that for these youths there might be another more realistic intervention goal than the hope of a "permanent cure" resulting from the conventional short-term treatment programs currently available to these youths. A more realistic treatment approach might involve "extended supportive environments": The relatively permanent arrangement of socioenvironmental conditions to provide ongoing support for behavior. (p. 348)

The service delivery model to be presented here is an example of the type of treatment approach Wolf et al. appear to be suggesting for this client population.

As described by Behar (1985), the service delivery model was originally implemented in North Carolina in the early 1980's in response to the settlement of a class action lawsuit against the state (Willie M. et al. vs. James Hunt Jr., 1979). The complaint maintained that a class of children and adolescents in North Carolina had been denied appropriate treatment and education that they were entitled to receive. Behar defined this class of children as follows: "...(a) seriously emotionally, neurologically, or mentally handicapped; (b) accompanying violent or assaultive behavior; (c) receiving services inappropriate to his or her needs; and (d) at risk of being involuntarily institutionalized or otherwise placed in a residential treatment program" (p. 190). Of the first 1,000 children and adolescents identified, 51% had been found guilty of a criminal act, and 24% were in a detention center or training school (Behar, 1985). The service delivery system developed for these youths followed a basic set of philosophical assumptions which were presented by Behar as follows:

1. A complete system of services ranging from highly restrictive settings to settings that approximate normal family living is needed to rehabilitate these youngsters;...
2. The system must provide for linkages among the various components within the system, as well as to services from other child-caring systems....
3. There must be flexibility in funding and in decision making to allow the movement of children through the system as their needs change, requiring less restrictive or more restrictive settings....
4. There must be a management structure to the system so that shifts in funds and staff are possible, structured to allow for the movement of children discussed above;...
5. Children are best served close to their own communities to maximize the possibility of family involvement in services and to allow for reintegration of the child into his or her natural environment.
6. Individualized treatment and educational planning, with broadly defined case management as the backbone is essential to the success of the service system....

A "no eject/no reject" policy must be in place so that all children are served regardless of the perceptions of "treatability" or "nontreatability." (p. 191)

Behar (1985) presented preliminary findings based on the first 4-years of service implementation that are encouraging, including a reduction in training school commitments, a reduction in the use of residential treatment programs (e.g., inpatient hospitalization), an increase in the percentage of these children receiving a complete, appropriate array of needed services, and indications that positive changes in service utilization were being realized

(e.g., movement from most restrictive to least restrictive services and movement from expensive services to less expensive services).

More recently, North Carolina has adopted a 10-year mental health plan that involves the development of a similar service delivery system for severely emotionally and behaviorally disordered children and adolescents who are not eligible to receive "Willie M." services. Approximately three million dollars have been appropriated to the NC Division of Mental Health, Mental Retardation, and Substance Abuse Services by the legislature to-date in response to this plan. These categorical funds are allocated to area mental health centers throughout the state on a primarily per capita basis.

Finally, a project currently being developed in North Carolina to provide mental health services to military dependents in the Fort Bragg area will be discussed as an illustration of this service delivery system (see attachments). The goals of the proposed project are (1) to demonstrate the efficacy of a federal-state contractual agreement in providing mental health services for military children and adolescents, (2) to demonstrate that an alternative delivery system, i.e., a full continuum of mental health services for children and adolescents, can be tailored to the clients' needs and thus provide more appropriate and more cost effective treatment services, per client, and (3) to demonstrate that an alternative delivery system can provide quality services to more clients per year for the same cost as for a traditional approach to service provision. The program will be implemented over a 5-year period and, significantly, will be evaluated by a consortium of independent researchers. Although the concept of a continuum of care is at least two decades old, it has not been implemented consistently and, to my knowledge, has never been evaluated as to its efficacy.

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Project Plan

Phase I: Mobilization

- establish project management team
- develop implementation plan
- collect baseline data
- begin services within 6 to 8 months

Phase II: Operation and Evaluation

- deliver services for 3 years
- conduct process evaluation
- measure client outcomes
- analyze impact of the system

Phase III: Dissemination

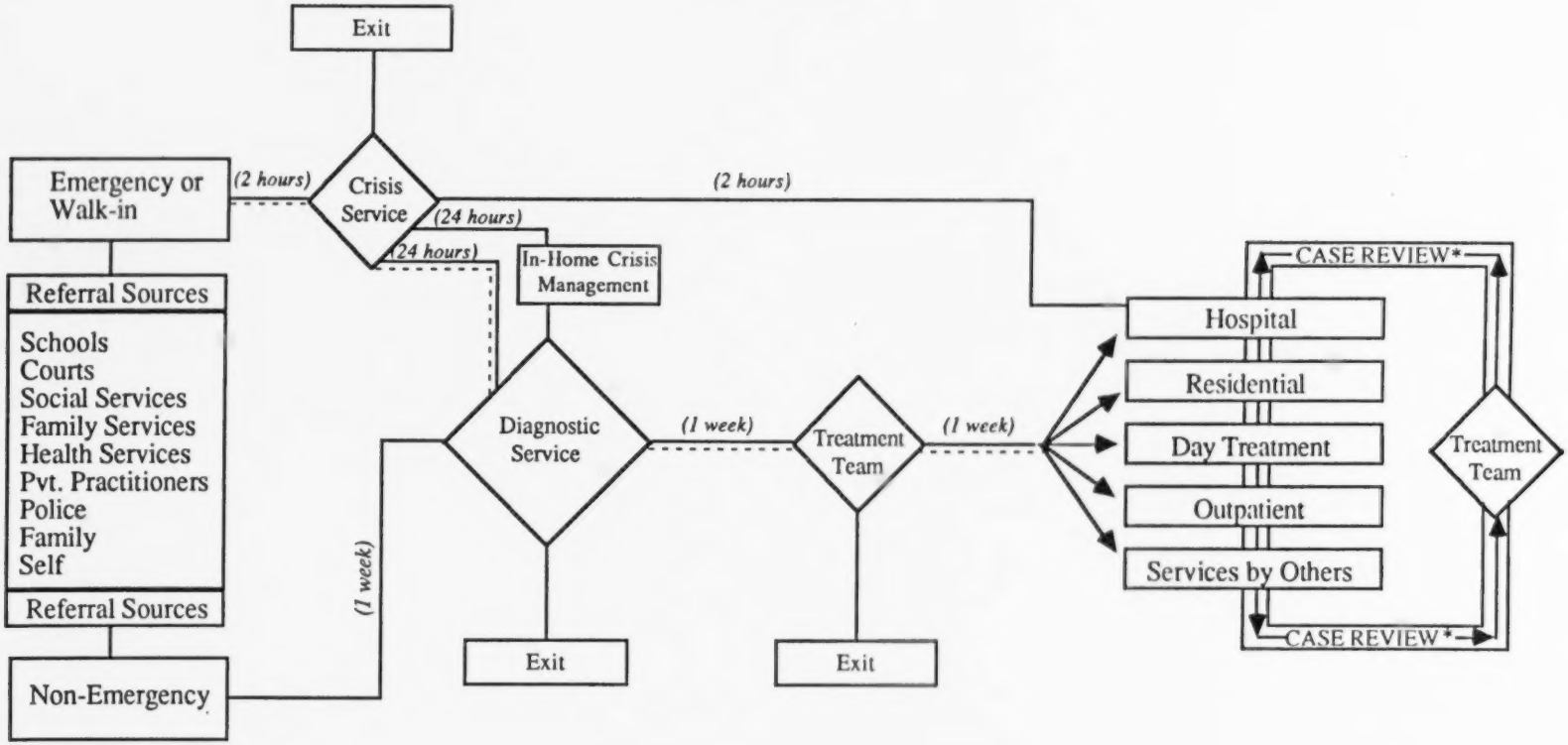
- write summary reports
- describe methods for replication
- disseminate information and findings
  - media
  - professional organizations
  - congressional reports

Comparison of Services

Services	Current Services	Proposed System
Hospitalization	●	●
Residential Treatment		
Large Setting	●	●
Group Home		●
Professional Parenting, Specialized Foster Care		●
Supervised Independent Living		●
Day Treatment		
High Management - full day		●
Moderate Management - full day		●
Moderate Management with public school - half day		●
Therapeutic Vocational Placement		●
Supervised Therapeutic Preschool (ages 0 - 6)		●
Evening Treatment		
After School or work - half day equivalent		●
Therapeutic Camping		
Weekend or Summer		●
Outpatient		
Individual Treatment (office or home)	●	●
Family Treatment (office or home)	●	●
In-school Support Services		●
Emergency Services (available 24 hrs./day)		●
Family Preservation		
In-home crisis stabilization		●

Service Considerations	
Current Services	**Proposed System**
• Not a case management system.	• Individualized, on-going case management system.
• Services may or may not be under one administration.	• Services are all under one administration.
• If not under one administration, family must locate next level of service.	• Movement across services is determined by a Treatment Team in collaboration with the child, the family, and other professionals.
• If not under one administration, family must apply for admission.	• No admission applications or procedures are required.

Client Movement



Notes

--------- Indicates client's path and alternatives. Average times shown along the path are not represented proportionately.

- - - - - Indicates on-going support.

* On-going case review by a treatment team leads to continuation of services at the same level or a change of services. Hospital clients are reviewed every 2 weeks. Other clients are reviewed every 30 days.

Comparison of Services for A Seriously Disturbed Child

PROPOSED SYSTEM

Services	Hospital	Group Home + Day Treatment + Outpatient for Family + Case Management	Living at Home + Day Treatment + Outpatient for Child and Family + Case Management	Living at Home + Outpatient for Child and Family + Case Management	**TOTALS**
# of Days	15 days	183 days	183 days	183 days	= 564 days
Cost	$4,889	$48,063	$18,600	$2,508	= $74,060
Case Reviews*	√ (1)	√√√√√ (5)	√√√√√ (5)	√√√√√√ (6)	= 17

Total Service Costs	$74,060
Support Services	$ 3,000
	$77,060

Average cost per day = $137

*Case reviews every 30 days.

CURRENT SERVICES

Services	Hospital	Residential Treatment	Living at Home + Outpatient for Child and Family	**TOTALS**
# of Days	60 days	365 days	183 days	= 608 days
Cost	$28,200	$109,500	$2,880	= $140,580

Average cost per day = $231

Comparison of Services for A Seriously Disturbed Child (Continued)

PROPOSED SYSTEM

Services	Unit Cost x # of Units	Total Unit Cost	Total
HOSPITAL			
Room	$268 x 15 days	$ 4,020	
Physician	$ 47 x 15 days	$ 705	
Case Management	$ 41 x 4 hours (2 x week)	$ 164	$ 4,889
GROUP HOME°°	$161 x 183 days	$29,463	
DAY TREATMENT	$120 x 130 days (5 x week)	$15,600	
OUTPATIENT (Child/Family)	$ 42 x 48 hours (2 x week)	$ 2,016	
CASE MANAGEMENT	$ 41 x 24 hours (1 x week)	$ 984	$48,063
DAY TREATMENT°°	$120 x 130 days (5 x week)	$15,600	
OUTPATIENT (Child/Family)	$ 42 x 48 hours (2 x week)	$ 2,016	
CASE MANAGEMENT	$ 41 x 24 hours (1 x week)	$ 984	$18,600
OUTPATIENT (Child/Family)°°	$ 42 x 48 hours (2 x week)	$ 2,016	
CASE MANAGEMENT	$ 41 x 12 hours (2 x month)	$ 492	$ 2508
SUPPORT SERVICES°°			
Emergency Services After School Services Weekend Therepeutic Camping	$3000 (estimated cost) provided as needed		$ 3,000
			$77,060

°° Established rates.

CURRENT SERVICES

Services	Unit Cost x # of Units	Total Unit Cost	Total
HOSPITAL			
Room	$400 x 60 days	$ 24,000	
Physician	$ 70 x 60 days	$ 4,200	$28,200
RESIDENTIAL TREATMENT			
Room	$250 x 365 days	$91,250	
Physician	$ 50 x 365 days	$18,250	$109,500
OUTPATIENT (Child/Family)	$ 60 X 48 hours (2x week)	$ 2,880	$ 2,880
			$140,580

Comparison of Services for A Moderately Disturbed Child

PROPOSED SYSTEM

Services	In-Home Crisis Stabilization	Living at Home + Day Treatment + Outpatient for Child and Family + Case Management	Supervised Vocational Placement + Outpatient for Child and Family + Case Management	TOTALS
# of Days	30 days	183 days	183 days	= 396 days
Cost	$4,950	$19,584	$17,400	= $35,334
Case Reviews	√ (1)	√√√√√ (5)	√√√√√√ (6)	= 12

Total Service Costs	$35,334
Support Services	$ 2,000
	$37,334

Average cost per day = $94

*Case reviews every 30 days.

CURRENT SERVICES

Services	Hospital	Residential Treatment	Living at Home + Outpatient for Child and Family	TOTALS
# of Days	60 days	183 days	183 days	= 426 days
Cost	$28,200	$54,900	$2,880	= $85,980

Average cost per day = $202

Comparison of Services for A Moderately Disturbed Child (Continued)

PROPOSED SYSTEM

Services	Unit Cost x # of Units	Total Unit Cost	Total
IN-HOME CRISIS STABILIZATION	$165 X 30 days	$ 4,950	$ 4,950
DAY TREATMENT	$120 x 130 days (5 x week)	$15,600	
OUTPATIENT (Child/Family)	$ 42 x 48 hours (2 x week)	$ 2,016	
CASE MANAGEMENT	$ 41 x 48 hours (2 x week)	$ 1,968	$19,584
VOCATIONAL PLACEMENT	$ 60 x 130 days (5 x week)		
OUTPATIENT (Child/Family)	$ 42 x 48 hours (2 x week)	$ 7,800	
CASE MANAGEMENT	$ 41 x 24 hours (1 x week)	$ 2,016	
		$ 984	$10,800
SUPPORT SERVICES			
Emergency Services After School Services Weekend Therepeutic Camping Respite	$2000 (estimated cost) provided as needed	$ 2,000	$ 2,000
			$37,334

CURRENT SERVICES

Services	Unit Cost x # of Units	Total Unit Cost	Total
HOSPITAL			
Room	$400 x 60 days	$ 24,000	
Physician	$ 70 x 60 days	$ 4,200	$28,200
RESIDENTIAL TREATMENT			
Room	$250 x 183 days	$45,750	
Physician	$ 50 x 183 days	$ 9,150	$54,900
OUTPATIENT (Child/Family)	$ 60 X 48 hours (2x week)	$ 2,880	$ 2,880
			$85,980

Benefits of the Proposed Child Mental Health System

- child remains in the home
- family is not disrupted
- lower cost per child served
- more children served
- local providers are used
- more service options available
- services are systematized and efficient

Better and more services tailored to clients' needs.